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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
		 	 _

## REGISTERED AGENT CHANGE

## MAGELLAN ASSET MANAGEMENT LIMITED INCORPORATED

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JUL 17 2017

S. YOUNG

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of AUSTRALIA in order to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of the corporation: MAGELLAN ASSET MANAGEMENT LIMITED INCORPORT	9TEU
2. The principal office address: LEVEL 36 19 Martin Place	1
SYDNEY NSW 2000 AU	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/09/2016 Document number: F16000002132	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	17
TALLAHASSEE, FL 32301-2525	- 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Northwest Registered Agent LLC	ي زز
3030 N. Rocky Point Dr, Ste 150 A	3F 7
P.O. Box NOT acceptable	
Tampa, FL 33607	
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Geoffrey Stirton, Secretary	
I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	1
To El 05/26/2017	
Signature of Registered Agent Date	_
If signing on behalf of an entity:	
Tom Glover Assistant Secretary  Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR26045 (03/12)